

Report Form for Discrimination, Harassment, or Violence
City of Duluth

Today's Date _____

Complaint # _____

Name and Title (person completing form) _____

Phone Number _____ Ext. _____

Date and Location of Incident _____

Name of Victim _____ (Complainant) Phone Number _____ Ext. _____

Name of Accused _____ (Respondent) Phone Number _____ Ext. _____

Witness _____ Phone Number _____ Ext. _____

_____ Phone Number _____ Ext. _____

_____ Phone Number _____ Ext. _____

_____ Phone Number _____ Ext. _____

Detailed Description of Incident (use reverse side for additional space) _____

Nature of Incident: Violence/Harassment _____ Sexual _____ Racial _____ Religious _____
Other _____

Physical Evidence (graffiti, notes, e-mail, web sites, video/audio, other) _____

Administrative Action and Date _____

Supervisor

Signature _____ Date _____

Department Director

Signature _____ Date _____

Equal Opportunity Representative

Signature _____ Date _____

Department Directors, supervisory personnel or Claims Investigator and Analyst **must attach a copy of final written report to this form** so it may be retained in Human Resources or Human Rights files. See the policies and procedures for "Workplace Violence and Harassment" and "Equal Opportunity/Non-Discrimination/Affirmative Action" for further details.

NOTE: This report will be kept confidential. Information made available only to persons having a legitimate need to know.